103D CONGRESS 1ST SESSION S. 733

To provide for the immunization of all children in the United States against vaccine-preventable diseases, and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 1 (legislative day, MARCH 3), 1993

Mr. RIEGLE (for himself, Mr. KENNEDY, Mr. METZENBAUM, Mr. WELLSTONE, and Ms. MIKULSKI) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

- To provide for the immunization of all children in the United States against vaccine-preventable diseases, and for other purposes.
 - 1 Be it enacted by the Senate and House of Representa-
 - 2 tives of the United States of America in Congress assembled,
 - 3 SECTION 1. SHORT TITLE.
 - 4 This Act may be cited as the "Comprehensive Child
 - 5 Health Immunization Act of 1993".
 - 6 SEC. 2. FINDINGS AND PURPOSE.
 - 7 (a) FINDINGS.—
 - 8 (1) CURRENT CIRCUMSTANCES.—Congress
 - 9 finds the following:

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- (A) Immunizations are among the most cost-effective means of preventing disease.
 - (B) Although Federal support for childhood immunizations has been in existence since 1962, the full potential of immunizations remains to be achieved. Enactment and enforcement of school immunization requirements have resulted in excellent immunization levels (96 percent or greater) in school children. However, approximately 80 percent of vaccine doses should be received before the second birthday in order to protect children during their most vulnerable periods. Many children do not receive their basic immunizations by that time, and in some inner cities as few as 10 percent of 2year-olds have received a complete series. This low level of immunizations has been reflected in recent years by outbreaks of measles among inadequately immunized preschool children.
 - (C) The childhood immunization services delivery infrastructure is both public and private. There is considerable evidence to suggest that the private infrastructure has been eroded over the past decade as a result of the signifi-

- cantly increased cost of privately purchased vaccines.
 - (D) Prices for privately purchased vaccines exceed the prices paid for like vaccines in some other industrialized nations by over 2500 percent.
 - (E) High vaccine costs, coupled with the growing number of uninsured and underinsured families, has resulted in private physicians increasingly referring their private-pay patients to overburdened public clinics for vaccinations.
 - (F) Eleven States now have programs that provide vaccines without charge to both public and private health care providers. Other States that have sought to establish such programs have been denied additional discounted vaccines by manufacturers.
 - (G) There is no evidence to suggest that a negotiated price that takes into account the reasonable cost of production, marketing, research and development, and distribution will not fairly compensate vaccine manufacturers. Indeed, a recent report by the Congressional Office of Technology Assessment supports the propo-

1	sition that negotiated rates can assure fair com-
2	pensation while holding down costs.
3	(H) The Secretary of Health and Human
4	Services has experience negotiating vaccine pur-
5	chase through the Federal contract system.
6	(I) The National Vaccine Injury Com-
7	pensation Program is an essential element in a
8	comprehensive immunization program and
9	should be applied to additional vaccines rec-
10	ommended for universal use in children.
11	(2) NEEDED ACTIONS.—With respect to actions
12	necessary to ensure the full immunization of children
13	at the earliest possible age, Congress finds the fol-
14	lowing:
15	(A) The Federal Government should pur-
16	chase and provide free of charge to health care
17	providers vaccines recommended for universal
18	use in children. This action will not only remove
19	financial barriers to immunization that impede
20	children from being vaccinated at the appro-
21	priate time, but will also facilitate the develop-
22	ment of an immunization tracking system.
23	(B) The Federal Government and the
24	States should develop linked registries to track
25	the immunization status of the Nation's chil-

- dren. The registry system should have the capability to notify parents of inadequately immunized children of the need to protect their children with specific vaccines.
 - (C) The coordinated national information and education outreach initiative operated through the Department of Health and Human Services should be sustained to bring needed information to parents and health care providers and focus their attention on the importance of achieving the full and timely immunization of children at the earliest appropriate age.
 - (D) Private and public health insurers should be encouraged to provide adequate reimbursement for the administration of childhood vaccines.
 - (E) Volunteer community activities to promote the full immunization of children at the earliest appropriate age should be encouraged.
 - (F) The National Vaccine Injury Compensation Program should be extended and improved. Vaccine information materials should be simplified to ensure that parents can understand the benefits and risks of vaccines.

1	(b) Purpose.—It is the purpose of this Act to ensure
2	that all children in the United States are fully immunized
3	against vaccine preventable infectious diseases at the earli-
4	est appropriate age.
5	SEC. 3. FEDERAL PURCHASE OF CHILDHOOD VACCINES.
6	(a) ESTABLISHMENT OF PROGRAM.—The Social Se-
7	curity Act (42 U.S.C. 301 et seq.) is amended by adding
8	at the end thereof the following new title:
9	"TITLE XXI—FEDERAL PUR-
10	CHASE OF CHILDHOOD VAC-
11	CINES
12	"PURCHASE BY THE SECRETARY
13	"Sec. 2101. (a) Purchase of Vaccines.—
14	"(1) In General.—The Secretary shall regu-
15	larly contract for the purchase of vaccines included
16	on the list promulgated by the Secretary pursuant to
17	section 1931 (referred to in this section as 'rec-
18	ommended childhood vaccines') in amounts—
19	"(A) necessary for distribution under the
20	Public Health Service Act to meet anticipated
21	needs for the routine and catch-up immuniza-
22	tion of children in the United States in accord-
23	ance with the recommendations promulgated
24	under section 1931 and for foreseeable out-
25	break control activities;

1	"(B) necessary for the maintenance of a
2	reserve vaccine supply sufficient for a 6-month
3	period; and

"(C) which take into account minimum waste due to breakage or other unavoidable losses.

"(2) Consultations.—

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"(A) PREPROCUREMENT CONSULTA-TIONS.—The Secretary may consult with representatives of State governments, experts in vaccine delivery, health care providers, and others with expertise in purchasing and pricing pharmaceutical products prior to soliciting bids or offers for recommended childhood vaccines under this section. Health care providers shall also furnish periodic estimates to the States of the providers' future dosage needs for recommended childhood vaccines distributed under the Public Health Service Act. States receiving Federal grants for immunization registries shall report such data to the Secretary. All reports shall be made with such frequency and in such detail as the Secretary may prescribe.

"(B) CONSULTATIONS WITH FEDERAL AGENCIES.—The Secretary shall, in order to de-

termine the appropriate vaccines and amounts of vaccines to be purchased under paragraph (1), consult with Federal agencies involved in research regarding, or the regulation, procurement, or distribution of, recommended child-hood vaccines. Such consultation may be effected through the establishment of a Vaccine Requirements Panel to be composed entirely of representatives of the relevant Federal agencies, or through such other means as the Secretary determines appropriate.

"(3) Cost or pricing data.—

"(A) IN GENERAL.—The Secretary shall negotiate a reasonable price for vaccines to be purchased under this section that fairly takes into account the excise tax under section 4131 of the Internal Revenue Code of 1986 and the various costs described in subparagraph (C).

"(B) MANUFACTURERS.—A manufacturer of recommended childhood vaccines shall provide cost or pricing data in support of the manufacturer's proposed price at the time the manufacturer responds to a procurement instituted by the Secretary under this section. A manufacturer shall also provide such data upon the re-

quest of the Secretary whenever the Secretary
determines that contract modifications are necessary.

"(C) Type of information.—The information required under subparagraph (B) shall include data related to the research and development costs of the vaccine, production costs, handling, shipping, and other costs associated with delivering the vaccine to health care providers and States in accordance with the distribution plan of the Secretary (through the manufacturers or a State, as the case may be) under the Public Health Service Act, marketing costs, profit levels sufficient to encourage future investments in research and development of new or improved vaccines, the cost of maintaining adequate capacity for outbreak control, and any other data the Secretary determines appropriate.

"(4) CONFIDENTIALITY OF DATA.—

"(A) IN GENERAL.—Information provided to the Secretary under paragraph (3) shall be treated as trade secret or confidential information subject to section 552(b)(4) of title 5, United States Code, and section 1905 of title

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1	18, United States Code, and shall not be re-
2	vealed to any person other than those author-
3	ized by the Secretary in connection with carry-
4	ing out official duties under this section.

- "(B) Prohibition on withholding.—
 Subparagraph (A) shall not be construed as authorizing the withholding of information provided under paragraph (3) from any duly authorized subcommittee or committee of the Congress. If the Secretary provides such information to any subcommittee or committee, the Secretary shall give written notice to the manufacturer that provided the information.
- "(C) WRITTEN PROCEDURES.—The Secretary shall establish written procedures to ensure the confidentiality of information provided under paragraph (3).
- "(5) PROHIBITION ON ADDITIONAL SHIPPING OR HANDLING CHARGES.—Each contract for the purchase of recommended childhood vaccines under this section shall contain a provision by which the manufacturer agrees to ship or otherwise arrange for the delivery of such vaccines in accordance with the distribution plan of the Secretary (through the manufacturers or a State, as the case may be) with-

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- out imposing any additional charge for shipping,
- 2 handling, or any other cost on the health care pro-
- vider or State to which the vaccine is shipped or 3
- 4 delivered.

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5 "(6) MULTIPLE SUPPLIERS.—To ensure a reliable and adequate supply of vaccine and to stimulate 6 7 competition, the Secretary shall enter into contracts when feasible with multiple manufacturers of the 8 same recommended childhood vaccine, under such 9 terms and conditions and utilizing such procurement 10

processes as the Secretary determines appropriate.

- "(7) REPORTING REQUIREMENTS.—Each contract for the purchase of recommended childhood vaccines under this section shall require the manufacturer to report in a standardized form to the Secretary, or the Secretary's designee, and appropriate States, at intervals determined by the Secretary, data regarding the destination of the vaccines by lot number, and any other information related to the vaccines purchased that the Secretary may require. "(b) FUNDING.—There shall be made available for
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- expenditure by the Secretary, out of the Comprehensive
- Child Immunization Account in the Treasury of the 23
- 24 United States established pursuant to section 3(b) of the
- 25 Comprehensive Child Health Immunization Act of 1993,

- 1 such amounts as are required to carry out this section
- 2 for fiscal year 1995 and for each fiscal year thereafter
- 3 during which this section remains in effect.".
- 4 (b) Funding for Program.—
- 5 (1) MAINTENANCE OF SEPARATELY IDENTIFI6 ABLE ACCOUNT.—There shall be established in the
 7 Treasury of the United States a Comprehensive
 8 Child Immunization Account for the purpose of
 9 funding the activities under section 2101 of the So10 cial Security Act (as added by subsection (a) of this
- 12 (2) SOURCE OF RECEIPTS.—Receipts shall be 13 credited to the account established under paragraph 14 (1) as may be provided in Federal law.
- 15 (c) TERMINATION OF PROGRAM.—Such 2101 of the 16 Social Security Act (as added by subsection (a) of this 17 section) shall cease to be in effect beginning on such date
- 17 section) shall cease to be in effect beginning on such date 18 as may be prescribed by a Federal law providing for im-
- 19 munization services for all children as part of a broad-
- 20 based reform of the national health care system.
- 21 SEC. 4. REQUIREMENTS CONCERNING IMMUNIZATIONS OF
- 22 CHILDREN UNDER STATE MEDICAID PRO-
- GRAMS.

section).

- 24 (a) COVERAGE OF IMMUNIZATIONS UNDER EARLY
- 25 AND PERIODIC SCREENING, DIAGNOSIS, AND TESTING

1	(EPSDT).—Section 1905(r)(1)(B)(iii) of the Social Secu-
2	rity Act (42 U.S.C. 1396d(r)(1)(B)(iii)) is amended to
3	read as follows:
4	"(iii) administration of appropriate rec-
5	ommended childhood vaccines included on the
6	list promulgated by the Secretary under section
7	1931, taking into account the health history of
8	the individual,".
9	(b) Reimbursement Rates for Recommended
10	CHILDHOOD VACCINES.—Section 1902(a)(13) of the So-
11	cial Security Act (42 U.S.C. 1396a(a)(13)) is amended—
12	(1) by striking "and" at the end of subpara-
13	graph (E);
14	(2) by inserting "and" at the end of subpara-
15	graph (F); and
16	(3) by adding at the end the following new sub-
17	paragraph:
18	"(G) that payments to providers shall in-
19	clude amounts, as appropriate, as reimburse-
20	ment for the administration of recommended
21	childhood vaccines in accordance with section
22	1905(r)(1)(B)(iii);".
23	(c) RECOMMENDED CHILDHOOD VACCINES.—Title
24	XIX of the Social Security Act (42 U.S.C. 1396 et seq.)
25	is amended by adding at the end the following new section:

1	"RECOMMENDED CHILDHOOD VACCINES
2	"SEC. 1931. Not later than October 1, 1994, (and
3	periodically thereafter as the Secretary determines appro-
4	priate in view of advances in scientific understanding in
5	the areas of immunization and disease control) the Sec-
6	retary shall promulgate a list of vaccines that provide im-
7	munization against naturally occurring infectious diseases
8	and are recommended for universal use in children. The
9	Secretary shall concurrently promulgate recommendations
10	regarding the appropriate dosage for each such vaccine
11	and the age or ages of children at which each vaccine
12	should be administered.".
13	(d) Effective Dates.—
14	(1) In general.—Except as provided in para-
15	graph (2), the amendments made by subsections (a)
16	and (b) shall be effective with respect to calendar
17	quarters beginning on and after October 1, 1994.
18	(2) EXTENSION FOR STATE LAW AMEND
19	MENT.—In the case of a State plan under title XIX
20	of the Social Security Act which the Secretary of
21	Health and Human Services determines requires
22	State legislation in order for the plan to meet the
23	additional requirements imposed by the amendments
24	made by subsection (b), the State plan shall not be

regarded as failing to comply with the requirements

1	of such title solely on the basis of its failure to meet
2	these additional requirements before the first day of
3	the first calendar quarter beginning after the close
4	of the first regular session of the State legislature
5	that begins after the date of enactment of this Act.
6	For purposes of the previous sentence, in the case
7	of a State that has a 2-year legislative session, each
8	year of such session shall be deemed to be a sepa-
9	rate regular session of the State legislature.
10	SEC. 5. NATIONAL VACCINE INJURY COMPENSATION PRO-
11	GRAM AMENDMENTS.
12	(a) Use of Vaccine Injury Compensation Trust
13	Fund.—
14	(1) Section 9510(c)(1) of the Internal Revenue
15	Code of 1986 is amended by striking out ", and be-
16	fore October 1, 1992,".
17	(2) Section 6601(r) of the Omnibus Budget
18	Reconciliation Act of 1989 is amended by striking
19	out "\$2,500,000 for each of fiscal years 1991 and
20	1992" each place it appears and inserting in lieu
21	thereof "\$3,000,000 for fiscal year 1994 and each
22	fiscal year thereafter".
23	(b) PERMANENT EXTENSION OF AUTHORITY TO IM-
24	POSE TAXES FOR THE VACCINE INJURY COMPENSATION
25	TRUST FUND.—

1	(1) PERMANENT EXTENSION OF TAX.—Section
2	4131(c) of the Internal Revenue Code of 1986 is re-
3	pealed.
4	(2) REINSTATEMENT OF TAX.—The tax im-
5	posed by section 4131 of the Internal Revenue Code
6	of 1986 is hereby reinstated effective April 1, 1993.
7	SEC. 6. NATIONAL IMMUNIZATION TRACKING SYSTEM.
8	On such date as section 2101 of the Social Security
9	Act (as added by section 3(a) of this Act) shall cease to
10	be in effect as provided in section 3(c) of this Act, the
11	Secretary of Health and Human Services shall implement
12	a program to ensure participation of all health care provid-
13	ers in a national immunization tracking system.